


DENTAL BOARD OF CALIFORNIA

1432 HOWE AVENUE, SUITE 85

SACRAMENTO, CA 95825-3241

TELEPHONE: (916) 263-2300

FAX: (916) 274-5970



APPLICATION FOR RESTORATIVE TECHNIQUE EXAMINATION

FEES

Application Fee: \$250.00  
Examination Fee: \$250.00  
Fingerprint Fee: \$ 56.00  
(Livescan applicants pay fee at time of service)

For Office Use Only

ATS # \_\_\_\_\_  
  
Rec # \_\_\_\_\_  
  
Fee Pd \_\_\_\_\_  
  
Date Cashiered: \_\_\_\_\_

For Office Use Only

Received

FEES ARE NON-REFUNDABLE

QM \_\_\_\_\_

Reviewed By: \_\_\_\_\_

FP \_\_\_\_\_

DIP \_\_\_\_\_

Cert \_\_\_\_\_

SITE \_\_\_\_\_

Conf Sent \_\_\_\_\_

NB \_\_\_\_\_

DC \_\_\_\_\_

LC \_\_\_\_\_

DATE \_\_\_\_\_

Def Sent \_\_\_\_\_

SCH CODE \_\_\_\_\_

AR \_\_\_\_\_

Cert \_\_\_\_\_

DOJ \_\_\_\_\_

FBI \_\_\_\_\_

YG \_\_\_\_\_

NO SAT

NO SUN

ATI \_\_\_\_\_

ENF \_\_\_\_\_

SA \_\_\_\_\_

For Office Use Only

ORIGINAL DOCS SENT \_\_\_\_\_

DOCS RETURNED UNCLAIMED \_\_\_\_\_

CM Receipt No. \_\_\_\_\_

DOCS RESENT \_\_\_\_\_

NATIONAL BOARD  
REFERENCE NUMBER \_\_\_\_\_  
#####

PART II  
EXAM DATE \_\_\_\_\_  
MM/YY

(Please type or print neatly)

1. LEGAL NAME: LAST FIRST MIDDLE

U. S. Social Security Number

2. List other names you have used:

3. Address: Street City State Zip Code

4. Mailing Address: Street City State Zip Code

5. Birthdate: MM/DD/YR

Sex  
M / F  
Circle One

TELEPHONE NUMBER  
Day ( ) Evening ( )

6. Preferred Examination Site:

EXAMINATION DATE

EXAMINATION DATE

☐ USC - Los Angeles

☐ UOP - San Francisco

7. Do your religious beliefs preclude you from being scheduled on Saturday or Sunday for examination?

YES ☐ NO ☐

Please specify day ☐ Saturday ☐ Sunday

8. Do you have a certified disability or condition that requires special accommodations for testing?

YES ☐ NO ☐

If yes, fax the Board for a "REQUEST FOR ACCOMMODATION" packet.

9. Have you ever been issued a dental license in any State or Country?

YES ☐ NO ☐

If yes, a Certification of License must be submitted for each State/

STATE OR COUNTRY

LICENSE NUMBER

ISSUE DATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. DENTAL EDUCATION:

Name and Location of Institution(s) attended

Period(s) of attendance (show dates MM/YYYY)

Degree, Diploma granted

DATE GRANTED

☐ D.D.Sc.

☐ D.D.S.

☐ D.M.D.

☐ B.D.S.

☐ Other (please specify)

11. POSTGRADUATE STUDY:

Name and Location of Institution(s) attended

Period(s) of attendance (show dates MM/YYYY)

Name of Specialty Board

Are you a Diplomat?

YES

NO

12. CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:

I HEREBY CERTIFY THAT

Full Name of Student

matriculated in the

Name of University

Dental College the day of and attended years,

with the degree of D.D.Sc., D.D.S., D.M.D., B.D.S on the day of

Circle One

Month, Year

(SEAL OF COLLEGE OR UNIVERSITY)

SIGNATURE OF DEAN

13. Do you have any pending or have you ever had any disciplinary action taken against a dental license or other healing arts license? Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service or other U.S. federal governmental entity. Yes ☐

Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a dental license. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action. No ☐

14. Are there any pending investigations by any State or Federal agencies against you? Yes ☐

If yes, provide a detailed explanation of circumstances surrounding the investigation and a copy of the document(s) No ☐

15. Have you ever been denied a dental license or permission to take a dental examination? Yes ☐

If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s) No ☐

16. Have you ever surrendered a license, either voluntarily or otherwise? Yes ☐

If yes, provide a detailed explanation and a copy of all documents relating to the surrender. No ☐

17. Are you in default on a United States Department of Health and Human Services education loan pursuant to Section 685 of the Code? Yes ☐

No ☐

If yes, provide a detailed explanation.

18. With the exception of a conviction for an infraction resulting in a fine of less than \$300, have you ever been convicted of any crime, including an infraction, misdemeanor or felony? Yes ☐

"Conviction" includes a plea of no contest and any conviction that been set aside pursuant to Section 1203.4 of the Penal code. Therefore, you must disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Section 1203.4 of the Penal Code. No ☐

If yes, provide a detailed explanation and a copy of all documents relating to the conviction(s).

19. Executed in \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
City

I am the applicant for licensure referred to in this application. I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely.

*I certify under penalty of perjury under the laws of the State of California that the information I provided to the Board in this application is true and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**Important Information: You must report to the Board the results of any actions which have been filed or were pending against any dental license you hold at the filing of this application. Failure to report this information may result in the denial of your application or subject your license to discipline pursuant to § 480(c) of the Business & Professions Code.**

## **INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by Dental Board of California, 1432 Howe Ave, Suite 85, Sacramento, CA 95825, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.